



STATE OF TENNESSEE
BUREAU OF TENNCARE
DEPARTMENT OF FINANCE AND ADMINISTRATION
310 GREAT CIRCLE ROAD
NASHVILLE, TENNESSEE

MEMORANDUM

TO: TennCare Pharmacists
DATE: April 20, 2006
RE: Important Message about Pharmacy Claims

*This notice is to advise you of information regarding the **TennCare Pharmacy Program**. We encourage you to read this notice thoroughly and contact First Health's Technical Call Center at 866-434-5520 should you have additional questions.*

PROVIDER EDUCATION CONFERENCE CALL

A pharmacy provider conference call has been scheduled for Tuesday, May 2, 2006 to address issues with the TennCare pharmacy program. The format will be a review of a powerpoint presentation followed by a short question and answer session. The powerpoint will be available on the TennCare/First Health website at <http://tennessee.fhsc.com> prior to the call. Due to the one hour time limit, please fax your questions to 615-741-0078 by Friday, April 28. Please note the following conference call date and time:

- **Tuesday, May 2:** 11:00 a.m. to 12:00 p.m. CDST (12:00 p.m. to 1:00 p.m. EDST)

Dial-in information for the Conference Call:

1. Conference Call toll-free access number: 866-700-3175
2. Guest Room number: 7049795. You will be prompted to enter the guest room number.

While on the Conference Call, you may mute your phone by pressing the # button

EMERGENCY SUPPLY PROCESS & PRIOR AUTHORIZATION REQUIRED FORMS:

On January 1, 2006, several major changes related to the Grier Consent Decree were implemented. TennCare enrollees are no longer entitled to a 3-day supply of medication (interim supply) every time a prescription is blocked at the point of sale due to a PDL or DUR edit. Instead, a 3-day supply will only be dispensed if the pharmacist determines that the situation represents an emergency (emergency supply). In addition, enrollees will not be permitted to return to the pharmacy and receive the remainder of the supply unless the prescriber has obtained prior authorization or changed the medication to an agent that does not require a prior authorization.

If the prescriber obtains a Prior Authorization (PA) or changes the drug to an alternative not requiring a PA in the same month, the remainder of the prescription and/or substitute prescription will not count toward the limit. **To exempt the remainder of the prescription from the prescription limit once a Prior Authorization is obtained, or to exempt the replacement prescription from counting toward the prescription limit, the value of "5" must be submitted in the Submission Clarification Code**

field? (NCPDP field 420-DK) on the incoming claim. This must be completed **within 14 days** of the initial emergency supply claim in order for it to adjudicate at point-of-sale.

The Prior Authorization Required Form (PARF) should be given to enrollees when their prescription claims have been **denied** by TennCare, **whether or not an emergency supply has been given**. Examples of situations when the PARF should be filled out and given to enrollees include, but are not limited to the following:

- Clinical pharmacy edits (drug-drug interactions, therapeutic duplication, high dose, quantity limits, early refill, drug-disease interactions, etc.)
- Prior authorization required rejections
- Drug utilization review (DUR) rejections

First Health provided training across the state regarding these new procedures. To view or download the emergency supply process educational materials, visit the TennCare/First Health website at: https://tennessee.fhsc.com/Downloads/provider/TNRx_Workshop_Powerpoint.pdf. If your pharmacy would like additional training, please contact Suzan Ali at SuzanAli@firsthealth.com to schedule a session.

SPECIFIC DRUG UPDATES:

Levemir® (insulin detemir): Effective May 1, 2006, Levemir® will be a preferred agent on the TennCare PDL.

Cymbalta® (duloxetine): Effective May 1, 2006, prescriptions for “Cymbalta® 90mg,” consisting of Cymbalta® 30mg and Cymbalta® 60mg capsules, can be counted as one prescription toward the prescription limit if the pharmacy provider places a “2” in the submission clarification code field (NCPDP 420-DK) when entering the claims. This is the same process currently used for “Effexor XR® 225mg” prescription claims.

TENNCARE MAC PRICING UPDATE:

The MAC list for TennCare and monthly updates are now available on the TennCare/First Health website. You may download the current MAC list and updates at:
<https://tennessee.fhsc.com/providers/MACinfo.asp>

PRESCRIBER LAST NAME EDIT:

In order to confirm that a valid prescriber exists for each prescription, the incoming Prescriber Last Name Field (427-DR) will be compared to the Last Name on file in the First Health system, based upon the DEA submitted for that prescriber at POS. Effective May 5, 2006, submitting the prescriber's last name will be required to adjudicate a pharmacy claim. In cases where the submitted Prescriber Last Name does not **exactly** match the Last Name on file with the DEA, the claim will deny with the NCPDP Denial Code “DR – M/I Doctors Last Name”. Please ensure all claims submitted for TennCare patients contain the proper information in this field. Please update your system with the correct spelling of the prescriber's name. Providers may need to contact their software vendor to ensure that this field is being transmitted on each claim.

Exceptions:

A table of exceptions will be created to bypass this edit. This table will consist of DEA numbers for Hospitals, Clinics, and other settings where residents and interns, without unique DEA numbers, practice under the DEA number of the facility.

LIST SERVE FOR NOTIFICATIONS REGARDING THE TENNCARE PROGRAM:

TennCare has created a service where any providers who would like to receive notifications regarding the TennCare program can enter their contact information to receive notifications electronically. This service is free to join and providers interested in signing up can follow the links at:

<http://www.state.tn.us/tenncare/pharmacy/pharmlistserv.htm>

GUIDE FOR TENNCARE PHARMACIES: OVERRIDE CODES

OVERRIDE TYPE	OVERRIDE NCPDP FIELD	CODE
Emergency 3-Day Supply of Non-PDL Product	Prior Authorization Type Code (461-EU)	8
Emergency supply (Rx CHANGED to PDL or PA received after 3-day supply already dispensed) to prevent from counting twice toward script limit	Submission Clarification Code (42Ø-DK)	5
Hospice Patient (Exempt from Co-pay)	Patient Location Field (NCPDP field 307-C7)	11
Pregnant Patient (Exempt from Co-pay)	Pregnancy Indicator Field (NCPDP field 335-2C)	2
Clozapine / Clozaril® (process second clozapine prescription in the month with an override code to avoid counting twice)	Submission Clarification Code (42Ø-DK)	2
Effexor® 225mg (Effexor® XR 75 mg and Effexor® XR 150 mg) – process second rx with an override code to avoid the second fill counting as another prescription against the limit). Two co-pays will apply.	Submission Clarification Code (42Ø-DK)	2
Cymbalta® 90mg (Cymbalta® 30 mg and Cymbalta® 60 mg) – process second rx with an override code to avoid the second fill counting as another prescription against the limit). Two co-pays will apply.	Submission Clarification Code (42Ø-DK)	2

Important Phone Numbers:

TennCare Family Assistance Service Center	866-311-4287
Express Scripts Health Options Hotline (RxOutreach PAP)	888-486-9355
TennCare Fraud and Abuse Hotline	800-433-3982
TennCare Pharmacy Program (providers only)	888-816-1680
TennCare Pharmacy Fax (to reorder Prior Authorization Required Forms)	888-298-4130
First Health Services Technical Call Center	866-434-5520
First Health Services Clinical Call Center	866-434-5524
First Health Services Call Center Fax	866-434-5523
First Health Services Outbound Call Center (for patients needing help with PA)	800-639-3957

Helpful TennCare Internet Links:

First Health Services: <http://tennessee.fhsc.com> under “Providers,” then “Documents”

Preferred Drug List (PDL)

Clinical Criteria, Step Therapy, and Quantity Level Limits for PDL medications

Brand Drugs Counted As Generics

Short List of Medications

TennCare home website

www.tennessee.gov/tenncare/

Please visit the First Health / TennCare website regularly to stay up-to-date on changes to the pharmacy program. For additional information or updated payer specifications, please visit the First Health Services website at: <http://tennessee.fhsc.com> under “Providers,” then “Documents.” Please forward or copy the information in this notice to all providers who may be affected by these processing changes.

Thank you for your participation in the TennCare program and your commitment to assist your patients.
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